i. PLACE OF BIRTH BUREAU OF VIT	TAL STATISTICS Registered No. /82
Standard Certificate of Birth State Unique District or Township 87 Village	
2 Migrania 1161 XIII	hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.
	1 Yourney
8. FATHER Eulogio Mata	Full maiden name Carmen Domingula
9. Residence (Usual place of shode) Muanu 1 If non-resident, give place and state. Wyona- 10. Color or race	15. Residence (Usual place of abode) Manu, If non-resident, give place and state. 16. Color or race
11. Age at last birthda 38 (Years) 12. Birthplace (city or place) Durango	18. Birthplace (city or place) South
(State or country) Mly.	(State or country) 19. Occupation Nature of Industry
Nature of Industry 10. Number of children of this mother (Taken as of time of birth of child herein 9 (c) Stillborn (c) Stillborn (Taken and including this child.)	
I hereby certify that I attended the birth of this child, who was for alliboral at A. m. on the date above stated. (Born alive or stillborn) (When there was no attending physician Signature O. M. O. D. M. D. M. O. D. M. D. D. M. O. D. D. M. O. D. D. M. O. D. D. M. O. D. D. M. D. D. D. M. O. D. D. D. M. O. D.	
etc., should make this return. A stillborn shild is one that neither breathes nor shows other evidence of life after birth. Given name added from any lement report. Address. Manny Ways.	
54/2/2/= 34/9 Filed Ch 30 19 30 Registrar.	

∾

0.